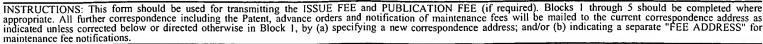
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885



appropriate. All further of indicated unless corrected unitenance fee notifications.	correspondence includir d below or directed oth ions.	ng the Patent, advance or nerwise in Block 1, by (a	rders and notification a) specifying a new of	of ma	aintenance fees wi ondence address;	ll be mand/or (	ailed to the current ob) indicating a separ	correspondence address as ate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
MARSHALL, GERSTEIN & BORUN LLP 233 S. WACKER DRIVE, SUITE 6300 SEARS TOWER					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
11/28/2006 JBALINA2 00000026 10657760					Michael Muczynski/ (Depositor's name)				
01 FC:2501 700.00 OP 02 FC:8001 9.00 OP					Mind Mly November	asl	De 2006	(Signature)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		, , , , , , , , , , , , , , , , , , , ,			CONFIRMATION NO.	
10/657,760	09/08/2003		Salvatore J. Pace		30506/39552			7777	
· ·		RATUS FOR QUANTIT							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	OUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	\$0		\$0		\$700	11/27/2006	
EXAMINER		ART UNIT	CLASS-SUBCLASS	;					
NOGUEROLA, ALEXANDER STEPHAN		1753	204-412000						
. Change of correspondence address or indication of "Fee Address" (FR 1.363).  Change of correspondence address (or Change of Corresponde Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custor Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED PLEASE NOTE: Unless an assignee is identified below, no assigneed to the form recently attached to the form recently and rece			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  adata will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Sensicore, Inc.  Ann Arbor, Michigan									
lease check the appropri	ate assignee category or	categories (will not be pr	inted on the patent):	01	ndividual 🖺 Con	poration	or other private grou	p entity Government	
a. The following fee(s) a  Issue Fee Publication Fee (No Advance Order - #	<ul> <li>b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-2855 (enclose an extra copy of this form).</li> </ul>								
_ ` .	us (from status indicated	· ·					ΓΥ status. See 37 CFI	-	
NOTE: The Issue Fee and	Publication Fee (if requestords of the United Sta	uired) will not be accepted tes Patent and Trademark	d from anyone other the Office.	han the	applicant; a regist	ered att	orney or agent; or the	assignee or other party in	
Authorized Signature	Mid	Date Movember 22, 2006							
Typed or printed name	Registration No. 48,642								
his collection of information application. Confidention the completed bis form and/or suggestic	ation is required by 37 Ciality is governed by 35 application form to the	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary	on is required to obtain 1.14. This collection is depending upon the	or ret is estin individ	tain a benefit by the nated to take 12 mi dual case. Any com . U.S. Patent and To	public inutes to iments o	which is to file (and lo complete, including on the amount of times of the Office, U.S. Depar	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O.	

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.